

MEDICARE COVERAGE SOUGHT FOR ALLO TRANSPLANTS FOR MDS

Allogeneic stem cell transplants for myelodysplastic syndrome (MDS) would be consistently eligible for Medicare reimbursement if the federal government accepts a formal request that has been submitted by ASBMT and the National Marrow Donor Program (NMDP), together with 10 other organizations.

"We believe that the body of evidence supports a coverage policy that ensures that Medicare beneficiaries diagnosed with MDS have access to allogeneic HCT," said a letter asking for a national coverage determination, submitted Sept. 21 to the Centers for Medicare and Medicaid Services (CMS).

Medicare patients age 65 and older represent 80 percent of the total population diagnosed with MDS in the United States. For some of these patients, allogeneic hematopoietic cell transplantation (HCT) is the only available curative therapy and the only treatment that can prevent certain death from the disease.

Currently some Medicare regional contractors for Part A (hospital) and Part B (physician) services do reimburse for stem cell transplants for MDS, but coverage is inconsistent across the country. Each instance may require extensive justification of the efficacy of allogeneic transplants for MDS. Without an explicit and well-defined national policy, hospitals often are reluctant to extend HCT services to Medicare beneficiaries who would benefit. A national coverage determination would guarantee appropriate and timely access to curative treatment for MDS under the federal health programs.

After months of gathering evidence to document a request, ASBMT and NMDP met with CMS representatives in February for preliminary discussion about applying for a national coverage determination. The outcome

was encouraging enough to proceed with assembling a coalition of organizations to submit a formal request.

Those joining in the petition are: AABB (formerly the American Association of Blood Banks), American Cancer Society, American Cancer Society Cancer Action Network, American Society for Hematology, American Society of Clinical Oncology, Aplastic Anemia and MDS, International Foundation, Blood & Marrow Transplant Information Network, National Bone Marrow Transplant Link, The Bone Marrow Foundation and The Leukemia & Lymphoma Society.

Included in the documentation submitted to CMS was an evidence-base review of the scientific and medical literature published in February this year, part of the ongoing series of comprehensive reviews of indications for HCT that ASBMT has sponsored and NMDP has supported over the past 10 years. Each review is conducted by a multidisciplinary panel of experts.

Another important part of the documentation was a study conducted by the Center for International Blood and Marrow Transplant Research (CIBMTR) showing that outcomes for older adults undergoing allogeneic HCT for MDS are not significantly different than those of younger adults, even after adjusting for multiple risk factors. The analysis, presented last year at the American Society of Hematology annual meeting, revealed no statistically significant impact of age on transplant-related mortality, relapse, leukemia-free survival or overall survival. The report has been submitted for publication.

"The study involved 551 MDS patients in the CIBMTR database who were transplanted from 1995 to 2005," said Claudio Anasetti, MD, ASBMT president. "The analysis concluded that age by itself should not be a limiting factor for proceeding

with allogeneic HCT in older MDS patients."

MDS becomes more common as people age. In the United States, the overall incidence of MDS is estimated at 3.3 per 100,000, but the incidence in patients over 70 is between 15 and 50 per 100,000, according to recently published epidemiological data.

OPINIONS OF ASBMT MEMBERS VARY ON BOARD CERTIFICATION

ASBMT members are not of a single mind about board certification. They find some aspects of BMT clinician certification appealing, but other aspects troubling.

Member opinions about certification and the training of BMT fellows were sampled in an online survey in September. About a third (32%) of the society's physician members completed the survey. Among those responding, 63% treat adult patients, 28% pediatric patients and 9% both. Half of the respondents said they practiced in a center that has a BMT training program, and half did not.

The respondents were divided on whether the society should pursue certification for BMT clinicians: 38% agreed, 35% disagreed, and 27% were ambivalent or not sure.

There was consensus, however, on several related questions:

- By a margin of nearly 2 to 1, members agreed with the statement that "Care of BMT patients in the United States would be improved if BMT physicians were board certified."
- But by a margin of more than 2 to 1, members also agreed with the statement that "BMT physicians are burdened enough with current licensing and certification requirements. We don't need yet another certification."

Many of the society's members said that board certification might complicate recruitment of young physicians at a time when a severe shortage of

transplant clinicians is forecast. By a margin of nearly 3 to 1, members agreed with the statement that "BMT board certification would limit physician entry into the BMT field."

Members were divided on the effect of board certification on physician compensation—34% said it would be beneficial, 28% thought it would have little effect, and 39% were not sure.

Certification of BMT clinicians almost certainly would need to be coupled with the development of training programs recognized by the Accreditation Council for Graduate Medical Education. By a margin of more than 3 to 1, members agreed that clinicians entering the BMT field need additional training after a hematology/oncology fellowship. A majority of respondents felt that 6-12 months of dedicated BMT training is necessary for trainees entering BMT careers.

Some members expressed concern that current training of young BMT attending physicians is not optimal. Members were asked "In your experience, based on their first months on the job as an attending physician, how would you characterize the current training of fellows pursuing BMT as a career?"

Thirty-four percent said that they felt training was barely adequate or inadequate. Many commented that this is because most fellowship programs

lack the ability to offer robust BMT training.

"The large response to the online survey—a third of our physician members—speaks to the level of interest in the certification topic," said Linda Burns, MD, chair of the ASBMT Task Force on Board Certification. "Many members accepted our invitation to write additional comments that have been quite helpful to the task force in its deliberations." The task force presented its recommendations to the ASBMT officers and directors in December.

Dr. Burns is based at the University of Minnesota. Other members of the task force are Stephan Grupp, MD, PhD, Children's Hospital of Philadelphia; Mark Juckett, MD, University of Wisconsin; Shakila Khan, MD, Mayo Clinic-Rochester; Vivek Roy, MD, Mayo Clinic-Jacksonville; and Thomas Shea, MD, University of North Carolina.

STANLEY RIDDELL TO PRESENT DONNALL THOMAS LECTURE

Stanley R. Riddell, MD, of the Fred Hutchinson Cancer Research Center and the University of Washington School of Medicine will present the 13th annual E. Donnall Thomas Lecture at the 2010 BMT Tandem Meetings, Feb. 24-28 in Orlando.

His presentation, "Therapeutic T-cells: The End of the Long Beginning," will be on Friday, Feb. 26.

ORLANDO MEETING TO HAVE FOUR 'MEET THE PROFESSOR' LUNCHEES

Fellows and junior faculty attending the 2010 BMT Tandem Meetings will have an opportunity for informal discussions with experts in BMT patient management. Four lunch sessions will feature authorities leading case-based discussions:

- *Mismatched Transplants* – Claudio Anasetti, MD, Moffitt Cancer Center
- *Low Grade Lymphoma* – Philippe Armand, MD, PhD, Dana-Farber Cancer Institute
- *cGVHD* – Stephanie Lee, MD, MPH, Fred Hutchinson Cancer Research Center
- *Pediatric CBT* – Peter Shaw, MD, Children's Hospital at Westmead

Because of the success of the two "Meet the Professor" lunches at last year's BMT Tandem Meetings, the number of lunches has been doubled to four this year.

The sessions are being developed by the co-chairs of the BMT Tandem Meetings Organizing Committee: Jeffrey S. Szer, MD, of the Royal Melbourne Hospital and Joseph Antin, MD, of the Dana-Farber Cancer Institute.

The sign-up for the lunches will be at the meeting registration desk.